

# INDEPENDENT ADOPTION PLACEMENT AGREEMENT TRANSMITTAL

To: \_\_\_\_\_  
INVESTIGATING PUBLIC ADOPTION AGENCY

DATE

The birth parent(s)/legal parent and prospective adoptive parent(s) identified below have completed an Independent Adoption Placement Agreement. The prospective adoptive parent(s) are expected to file a petition to adopt in a county served by your agency.

SIGNATURE OF AGENCY REPRESENTATIVE OR INDIVIDUAL ADOPTION SERVICE PROVIDER

DATE

## SECTION 1 - IDENTIFYING INFORMATION AND ADVISEMENT REPORT

### CHILD PLACED FOR ADOPTION:

NAME:	DATE OF BIRTH:	PLACE OF BIRTH:
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### BIRTH PARENT(S)/LEGAL PARENT PLACING CHILD:

Birth Mother/Legal Parent		Birth Father/Legal Parent	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
TELEPHONE NUMBER: (      )	CELL PHONE NUMBER: (      )	TELEPHONE NUMBER: (      )	CELL PHONE NUMBER: (      )
DATE ADVISED:	DATE PLACEMENT AGREEMENT SIGNED:	DATE ADVISED:	DATE PLACEMENT AGREEMENT SIGNED:

Does the birth parent(s) have an attorney? Yes ☐ No ☐

ATTORNEY'S NAME:	TELEPHONE NUMBER: (      )
ATTORNEY'S ADDRESS:	

**NOTE:** If the placement agreement was signed less than ten days after the advisement, the placement agreement must include a statement of the exigent circumstances which required that the agreement be signed less than ten days after the advisement occurred.

### PERSON(S) WITH WHOM CHILD PLACED:

ADOPTING PARENT NAME:	WORK TELEPHONE NUMBER: (      )	CELL PHONE NUMBER: (      )
ADOPTING PARENT NAME:	WORK TELEPHONE NUMBER: (      )	CELL PHONE NUMBER: (      )
ADDRESS:	HOME TELEPHONE NUMBER: (      )	

Does the petitioner(s) have an attorney? Yes ☐ No ☐

ATTORNEY'S NAME:	TELEPHONE NUMBER: (      )
ATTORNEY'S ADDRESS:	

## SECTION 2 - ADOPTION SERVICE PROVIDER:

NAME:	TELEPHONE NUMBER: (      )	CELL PHONE NUMBER: (      )
ADDRESS:	EMAIL ADDRESS:	

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**SECTION 2 - ADOPTION SERVICE PROVIDER: (Continued)**

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Type of Provider:

- ☐ Licensed Private California Adoption Agency.
- ☐ California LCSW/MFT registered with California Department of Social Services -  
*License Number:*\_\_\_\_\_.
- ☐ Adoption agency licensed or otherwise certified in a state other than California where the birth parent is located - *State:*\_\_\_\_\_ (*Attach a copy of agency license or certification.*)
- ☐ Clinical social worker licensed or certified in a state other than California where the birth parent is located - *State:*\_\_\_\_\_ (*Attach a copy of license or certification.*)
- ☐ Independent legal counsel for the birth parent(s) in California - *State Bar Number:*\_\_\_\_\_  
(*Attach explanation of the reason that an Adoption Service Provider was not reasonably available as defined in California Family Code Section 8502.*)
- ☐ Independent legal counsel for the birth parent(s) in a state other than California where the birth parent is located  
*State:*\_\_\_\_\_ *State Bar Number:*\_\_\_\_\_ (*Attach copy of verification of current bar membership. Attach explanation of the reason that an Adoption Service Provider was not reasonably available as defined in California Family Code Section 8502.*)

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**SECTION 3 - DOCUMENTS ATTACHED:** The following documents **MUST** be attached:

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- ☐ Independent Adoption Placement Agreement
  - ☐ AD 924 (non-Indian)      ☐ AD 925 (Indian)
- ☐ Statement(s) of Understanding
  - ☐ AD 926 (non-Indian)      ☐ AD 927 (Indian)

*In order for the Statement of Understanding and Adoption Placement agreement to be valid, birth parent must have listed criminal history and health conditions of the adoptive parent(s).*
- ☐ Adoptions Information Act Statement (AD 908) for each parent advised
- ☐ Information About the Birth Mother (AD 67)
- ☐ Information About the Birth Father (AD 67A)
- ☐ Declaration of Mother (AD 880)
- ☐ Indian Child Inquiry (ICWA - 010 (A))
- ☐ Parental Notification of Indian Status (ICWA - 020)
- ☐ Signed Authorization(s) for Release of Information (AD 100)

**The birth parent must complete one form for each name listed:**

- ☐ Adoption Service Provider to the investigating agency
- ☐ Investigating adoption agency to the prospective adoptive parent(s)
- ☐ Doctor (including but not limited to the OB doctor, child's physician, birth mother's doctor) to the investigating adoption agency
- ☐ Hospital where the birth mother delivered the child to the investigating agency
- ☐ Other (School, Therapist, Child's {Physician})
- ☐ Background information regarding the prospective adoptive parents
- ☐ Summary of contacts with the birth parent including information from the birth parent(s) regarding the child's background, the birth parents' reasons for choosing adoption for the child, and the birth parents' attitude toward the proposed adoptive placement and any other information which the ASP believes will assist the investigating agency in its investigation of the proposed adoption.

**The following documents **MUST** be attached **IF** required:**

- ☐ Reports of any examinations of the birth parent's competency to sign an adoption placement agreement
- ☐ Notice of Child Custody Proceeding for Indian Child (ICWA - 030)
- ☐ Any tribal letter clearances, tribal confirmation of Indian child and any registered or certified mail return receipts
- ☐ Waiver of Right to Revoke Consent (AD 929)
- ☐ Any request to revoke the Independent Adoption Placement Agreement